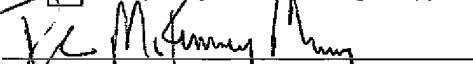


|   |                                  |                                       |                             |                             |
|---|----------------------------------|---------------------------------------|-----------------------------|-----------------------------|
| <b>AMENDMENT TRANSMITTAL LETTER</b>   |                                  |                                       |                             | Docket No.<br>3552-0132PUS1 |
| Application No.<br>10/561,940-Conf. #3044   | Filing Date<br>December 22, 2005 | Examiner<br>P. R. Brown               |                             | Art Unit<br>3636            |
| Applicant(s): Jonathan Morris GOLD et al.   |                                  |                                       |                             |                             |
| Invention: CHILD SAFETY SEAT  |                                  |                                       |                             |                             |
| <b>MS Amendment</b><br><b>Commissioner for Patents</b><br><b>P.O. Box 1450</b><br><b>Alexandria, VA 22313-1450</b>  |                                  |                                       |                             |                             |
| Transmitted herewith is an amendment in the above-identified application.   |                                  |                                       |                             |                             |
| The fee has been calculated and is transmitted as shown below.  |                                  |                                       |                             |                             |
| <b>CLAIMS AS AMENDED</b>  |                                  |                                       |                             |                             |
|   | Claims Remaining After Amendment | Highest Number Previously Paid        | Number Extra Claims Present | Rate                        |
| <b>Total Claims</b>   | 35                               | - 36 =                                | 0                           | x 50.00 0.00                |
| <b>Independent Claims</b>   | 1                                | - 3 =                                 | 0                           | x 210.00 0.00               |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>  |                                  |                                       |                             |                             |
| Other fee (please specify):   |                                  |                                       |                             |                             |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> 0.00  |                                  |                                       |                             |                             |
| <input checked="" type="checkbox"/> Large Entity  |                                  | <input type="checkbox"/> Small Entity |                             |                             |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment.   |                                  |                                       |                             |                             |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.   |                                  |                                       |                             |                             |
| <input type="checkbox"/> A check in the amount of \$ _____ is enclosed.   |                                  |                                       |                             |                             |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                                  |                                       |                             |                             |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed.              |                                  |                                       |                             |                             |
| <input checked="" type="checkbox"/> Credit any overpayment.<br><input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. |                                  |                                       |                             |                             |
| <br>Joe McKinney Muncy<br>Attorney Reg. No.: 32,334  |                                  |                                       |                             |                             |
| Dated: November 6, 2007   |                                  |                                       |                             |                             |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP<br>8110 Gatehouse Road<br>Suite 100 East<br>P.O. Box 747<br>Falls Church, Virginia 22040-0747<br>(703) 205-8026  |                                  |                                       |                             |                             |